## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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maintenance fee notification CURRENT CORRESPONDENCE		ock 1 for any change of address)		Feefe	A Transmittal Thi	ie certifia	rate cannot be used	for any c	stic mailings of the	
TYCO Healthcare Group LP Attn: IP Legal 5920 Longbow Drive Mail Stop A36 Boulder, CO 80301-3299					Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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<b>,</b>				Г		V.	N.V.Z	<u>.</u>	(Signature)	
							2/20/11		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		NTOR		ATTORNEY DOCKET NO.		CONI	CONFIRMATION NO.	
10/573,314 09/28/2007			Derek M. Blaha			2927 (1850-11PCTUS) 1952				
TITLE OF INVENTION: T	HERMOCOUPLE ME	BASUREMENT CIRCUI	T		-					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DU		DATE DUE	
nonprovisional	NO	- <del>\$1510-</del> \$17	40 \$300		\$0 · ·		- <del>\$1810</del> \$	2040	12/27/2011	
EXAMINE	EXAMINER		CLASS-SUBCLASS	38						
PEFFLEY, MICHAEL F		3739								
1. Change of correspondence CFR 1,363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys									
Change of correspond Address form PTO/SB/12	ge of Correspondence	or agents OR, alternatively,								
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customa Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND	RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print o	or type	:)					
PLEASE NOTE: Unless recordation as set forth in		ied below, no assignee etion of this form is NO						document	has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Covidien AG Switzerland										
Please check the appropriate	assignee category or o	categories (will not be pri	inted on the patent):	ΠI	ndividual 🖾 Co	rporatio	n or other private g	roup entity	y Government	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s).					e first reapply an	ıy previo	ously paid issue fee	shown a	bove)	
Issue Fee Dublication Fee (No si	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.									
Advance Order - # of	-	The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-5016 (enclose an extra copy of this form).								
5. Change in Entity Status	MALL ENTITY status	See 37 CFR 1.27.	b. Applicant is no	o longe	er claiming SMAI	L ENTI	TY status. See 37 (	FR 1.27(	g)(2).	
NOTE: The Issue Fee and Pt interest as shown by the reco	ublication Fee (if requi	ired) will not be accepted	from anyone other th	nan the	applicant; a regi	stered att	orney or agent; or	he assign	ee or other party in	
Authorized Signature	AA C		Olive.		Date 12/	au/2	Ull			
Typed or printed name Stephen B. Perkins					Date 12/20/2011 Registration No. 45,009					
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